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EDITORIALS†

THE SEASON'S GREETINGS

The eve of a biennial legislative session in California, with potentialities of untoward public health legislation, makes good wishes for Christmas and New Year days particularly appropriate. If the year 1936, now coming to a close, meant to many members of the Association another twelve months during which professional services again and again were rendered on reimbursement schedules far too meager for the needs of professional life, it may still be consoling, small though the comfort be, that conditions might have been worse. With the national election now a thing of the past, it looks as if the country will settle down to sober, earnest acceptance and trial of some of the newer social endeavors, emphasized so much in recent years, and which, in many instances, are associated more or less with medical practice. Therefore, at the end of the current year and the beginning of the year to come, it may be permissible to breathe the hope of better days and better things.

No business or profession comes into more intimate contact with the trials and tribulations of citizens than medicine. Of necessity, physicians must partake of the joys and sorrows of their patients and, in good degree, prosper or suffer with them. However, in the United States—and certainly in California—there are many things for which to be grateful and hopeful.

In the spirit, then, of mutual helpfulness, the Official Journal, in accordance with past custom, extends again to their fellow physicians, in the name of all members, the Greetings of the Season. May 1937 measure up most fully to our respective needs, good hopes, and desires! Greetings!

HOSPITALIZATION PLANS IN CALIFORNIA

The Physician-Patient Relationship in Medical Practice.—In contrast to other modern-day life, the practice of medicine up to the present time has had as one of its basic characteristics the element of individualization; meaning thereby that the person who is sick or injured does not seek any or a number of physicians, but nearly always a certain physician to take charge of his case; the service in each instance again empha-

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column, which follows.

sizing personal, namely, individual medical supervision. The average American citizen, and his family also, when illness or injury come, do not want a mass of advice from a multitude of doctors of medicine, or from a doctor chosen haphazard or at random, but seek, by preference, the individual opinion and service of the one physician whom he and his family and friends have selected, and in whom they have confidence. This interesting patient-to-physician relationship is not a matter of mere custom or habit, but an expression of basic feeling and psychology in evidence among sick and injured persons, from one end of the country to the other. It is typical of American thought and living. * * *

Relationship Important in Hospitalization and Medical Service Plans.—Because this physician-and-patient relationship is such a spontaneous and fundamental phenomenon, it must be taken into serious consideration in all plans having to do with medical service in home or hospital. Especially, must this basic correlation never be lost sight of in plans designed to bring greater or more adequate service to portions of the lay population; many of whose members, under modern-day conditions, must face heavy economic and other problems in their efforts to maintain intact the protection and advancement of their family groups. * * *

Seeming Inability of Mechanization Theorists to Understand.—Theorists and propagandists, who, looking through glasses of their own construction, see only certain phases of illness and the economic problems connected therewith, only too often fail to recognize the important significance of the individualization factor in successful medical practice; propounding their paper theories with self-assurance and satisfaction, and giving the impression at times that they imagine themselves to be modern-day oracles on these matters, when, as a matter of fact, they are not infrequently little more than academic idealologists. In this oracular atmosphere, created by themselves, they do not hesitate to outline and dogmatize on what physicians must do in the present-day world; how they must change their methods of practice, and along what lines their course must be laid for the days to come! Much of the medical service propagandism, as exploited by certain of these lay theorists, comprehends a regimentation and mechanization of medical practice, equally obnoxious to the American patient and the American physician.

The one-sided thinking of some of these visionaries is shown not only in their seeming incapacity to understand how plans leading to mechanization in healing-art care will necessarily produce a lower type of medical service, but also in their overemphasis and exaggerations concerning the vast number of lay fellows in our midst who are supposedly suffering permanent injury from lack of a more universal method of placing physicians on call to all classes of citizens. These thoughts are here presented, as more or less pertinent to what will appear below concerning hospitalization plans in California.

Hospitalization Organizations Now in Operation in California.—At the present time, The Intercoast Hospital Association is giving hospitalization service in the Sacramento Valley and adjacent territory, and in Alameda County, members of the Alameda County Medical Association have also sponsored an hospitalization organization. Each corporation, operating as a nonprofit insurance organization, has been obliged to set aside \$25,000 as a protection reserve to clients, and to fulfill other conditions designed to protect policyholders, as laid down by the State's Insurance Commissioner. In Los Angeles and adjacent counties, plans are also in formulation to bring into being a hospitalization system, in this instance, however, to operate as a nonprofit corporation under Assembly Bill 246*; and unless legal technicalities prevent, this Southern California plan may be in operation before the close of the year. Under Assembly Bill 246 for nonprofit hospitalization service, the \$25,000 requirement is not obligatory. In Southern California more than twenty-five hospitals have signified their acceptance of the plan proposed.

The above plans comprehend hospitalization service on a periodic prepayment basis, the premiums to be paid being such as are within the means of citizens in moderate circumstances. It is to be hoped that the three groups above noted will be successful in their work, and that their areas of service will be extended to practically all portions of the State, where local communities do not themselves promote similar organizations. * * *

"High Costs of Medical Care" are the "High Costs of Hospitalization."—Many physicians hold that the economic shocks of serious illness and injury, concerning which some of the compulsory health advocates prate so much, have to do, not so much with the fees of medical men and women, as with the heavy expenses incident to hospital care. Therefore, all plans which on a periodic prepayment basis make it possible for citizens of moderate income to protect themselves against this contingency, just as they protect themselves through fire insurance policies, automobile insurance, and health and life policies, would seem to be worthy of earnest consideration and support. Of course, certain matters having to do with clinical laboratory and x-ray service, which today are everywhere accepted and demanded as concomitants of hospitalization, may need satisfactory adjustment; but the difficulties in regard thereto should not be insurmountable.†

* Assembly Bill 246 was discussed in previous issues: Editorial—Assembly Bill 246; For Nonprofit Hospital Service, Vol. 43, No. 2, August, 1935, page 107.

American Medical Association and Health Insurance Principle, Vol. 43, No. 2, August, 1935, page 175. (Special article in Miscellany department.)

Editorial—Assembly Bill 246—Chapter 386: The Nonprofit Hospital Service Bill, Vol. 43, No. 4, October, 1935, page 249.

† As the copy for the December issue is being prepared for the press, an interesting news release is received from the Julius Rosenwald Foundation of Chicago, which announces a gift of one hundred thousand dollars (\$100,000) to the American Hospital Association for the study and development of voluntary hospital insurance. The item is printed in this issue on page 519.

Action of the California Medical Association: Coöperation Should Be Given.—In this issue of the Official Journal appear* the minutes of the meeting of the California Medical Association Council held in San Francisco on November 7 last, and reference is made therein to hospitalization plans then discussed. Members of the Association are urged to read the same and to maintain an active interest in the efforts to promote satisfactory hospitalization plans in California, and to give whole-hearted coöperation to approved groups. It will save much discussion and worry, in January of next year when the California Legislature again meets, if successful hospitalization plans can be pointed to as actually being in operation over most of the State.

COUNCILOR DISTRICT MEDICAL SOCIETIES: SHALL CALIFORNIA ORGANIZE THEM?

The American Medical Association Plan of Thirty Years Ago.—When, more than thirty years ago, the New England town-meeting form of organization of the American Medical Association was changed into its present order, there came into being for organized medicine one strong national organization, one and only one constituent state association for each commonwealth, and one and only one component society for each county in the United States. Many have been the benefits which have accrued as a result of that reorganization; because, for the first time, the American Medical Association found itself able to amass property and reserve funds (largely through the net income derived from its Journal), making possible, for instance, research councils and departments to aid in the promotion of public health and medical service plans. In a similar manner, the state medical associations took on new leases on life and also, for the first time, began to fulfill analogous functions in their respective territories. For instance, in California, so recently as the year 1900, the State Association—then known under the name “Medical Society of the State of California”—was largely a northern California district organization, the Southern California Medical Society being almost as large and influential in the region south of the Tehachapi. In a number of the larger counties, not one, but two or more additional societies vied with the county organizations in bids for support.

* * *

Good Results of the Reorganization.—The reorganization in 1902 changed all that in California, because, as each county society grew in numbers and influence, so also did the State Association add to its growth and power to serve.

Because of the beneficent results which came about in the 1900-1903 reorganization plans, the medical profession of the United States is today

committed to the one strong national organization, one strong state association, and one strong component county society plan; and it may be taken for granted that the American Medical Association is not apt to change its constitution and by-laws to permit a return of multiple organizations, with all their attendant looseness and deficiencies, such as existed in the pre-reorganization years.

* * *

“Councilor District Societies.”—However, there is nothing in the organization plan of the American Medical Association and its constituent state associations that forbids the organization of “councilor district societies,” and in a number of states such district organizations have long received active support and have done much good work.

By a “councilor district society” is meant the organization by the counties comprising a councilor district, of a society with an independent identity, but acting in harmony with the state association, as a recognized part of it. A district society may hold annual or semi-annual sessions at places within its territory; at times by it selected. It has its own officers and its sessions last one or two days. Ordinarily, the business meeting is quite brief, and limited to the election and reports of officers and committees. The programs are modeled, in a general way, after those of the state organization, and may stress didactic or clinical expositions, according to conditions. In California two organizations of practically a district type, the Southern California Medical Society and the California Northern District Medical Society (listed on advertising page 6), for years have been carrying on most commendable work.

* * *

How a Councilor District Society Can Serve.

Our purpose in writing these lines is to call attention to the following facts: that California is one of the largest states in the Union; that, on that account it is difficult for many members of the California Medical Association to leave their work to attend its annual sessions; that district associations would fulfill a similar function for such members and would promote county society membership and activities in every such district; that such district societies, in a one- or two-day session, could be supplied with clinical demonstrations from their own and extra-district localities, thus aiding the postgraduate work of the State Association; that every district society could be made to be of great value in promoting good fellowship and understanding between the members of the county societies included; and that the community problems of each district territory, such as county hospital and other conditions, could be better solved for such a territorial district if the adjacent counties had opportunities, through a district society, to bring their physicians into more intimate professional and fraternal contacts, and the exchange of views and adoption of policies.

* See Council minutes, page 502, items 6 and 12.